

Electronic Patent Application Fee Transmittal

Application Number:	10550425			
Filing Date:	24-Oct-2005			
Title of Invention:	Integrated electrically conductive electrochemical cell component			
First Named Inventor/Applicant Name:	Peter James Andrin			
Filer:	Thomas Walter Gorman/Diane Dick			
Attorney Docket Number:	DC8510 US PCT1			
Filed as Large Entity				
U.S. National Stage under 35 USC 371 Filing Fees				
Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Basic Filing:				
Pages:				
Claims:				
Miscellaneous-Filing:				
Petition:	Adjustment date: 01/00/2009 CKHLOK 02720/2008 INTEFSW 00010006 041928 10550425 01 FC:1504 300.00 CR			
Patent-Appeals-and-Interference:				
Post-Allowance-and-Post-Issuance:				
Publ. Fee- early, voluntary, or normal	1504	1	300	300
Extension-of-Time:				

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Miscellaneous:				
Processing Fee, except for Provis. apps	1808	1	130	130
Total in USD (\$)				430

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>1/8/09</u>		2 Serial/Patent # <u>10/550,425</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
<input checked="" type="checkbox"/>	Other <u>pub Fee</u>			\$ <u>300</u>							
7 TOTAL AMOUNT OF REFUND			\$ <u>300</u>								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>4</td><td>--</td><td>1</td><td>9</td><td>2</td><td>8</td></tr></table>			0	4	--	1	9	2	8
0	4	--	1	9	2	8					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<u>pub not granted</u>											
11 REFUND REQUESTED BY: <u>Mark Polath</u>											
TYPED/PRINTED NAME: <u>Mark Polath</u>		TITLE: <u>Sr. Legal Advisor</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>2-7709</u>									
OFFICE: <u>OPLA</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>1/8/09</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: